



TJK/431

HJW 8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE THE APPLICATION OF

Angelo Bettinzoli

SERIAL NO. : 10/718,100

FILED: November 20, 2003

) VARIABLE-FORCE BALANCING
) DEVICE IN PARTICULAR FOR
) MOVABLE-AXIS HINGES OF
) ELECTRIC HOUSEHOLD
) APPLIANCE AND THE LIKE
)
) Group Art Unit: 3683
) Examiner: Mariano Ong Sy
) Customer number: 27,717

REQUEST FOR ONE MONTH EXTENSION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Fee Amendment

Dear Sir:

With reference to the Office Action dated November 8, 2004, Applicant respectfully requests a one-month extension of the term for response, from the present term of December 8, 2004, up to a new term of January 8, 2004.

A check is enclosed in the amount of \$60.00 for this one-month extension.

The Commissioner is authorized to charge Deposit Account No. 19-1351 for any additional fee deemed necessary.

Adjustment date: 01/12/2005 EFLORES
01/11/2005 EFLORES 00000076 191351 10718100
01 FC:2051 5.00 CR -60.00 DP

Date: 1/7/05

SEYFARTH SHAW LLP
55 E. Monroe Street, Suite 4200
Chicago, Illinois 60603
(312) 346-8000
(312) 269-8869

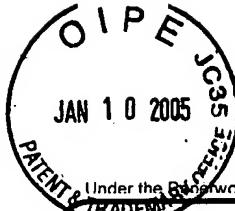
01/11/2005 EFLORES 00000076 191351 10718100
01 FC:2051 5.00 DA 60.00 DP

Respectfully submitted,

By:

Timothy J. Keefer
Attorney for Applicants
Reg. No. 39,567

01/12/2005 EFLORES 00000107 10718100
01 FC:2251 60.00 DP



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$)
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Complete if Known

Application Number	10/718,100
Filing Date	November 20, 2003
First Named Inventor	Angelo Bettinzoli
Examiner Name	Marino Ong Sy
Art Unit	3683
Attorney Docket No.	TJK/431

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Fee Description</u>	<u>Small Entity</u>
	Fee (\$)
	Fee (\$)
	Fee (\$)

Each independent claim over 3 (including Reissues)

<u>Fee Description</u>	<u>Small Entity</u>
	Fee (\$)
	Fee (\$)
	Fee (\$)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 20 or HP =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of time fee \$60

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone (312) 346-8000
Name (Print/Type)	Timothy J. Keefer		Date January 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.